

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	6825	6/13/00
O.I.P.E. CLASSIFIER		47	7/6/00
FORMALITY REVIEW	nm	831	08/14/09
RESPONSE FORMALITY REVIEW	RP	829	12/08/10

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
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39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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